

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** BROTOLOC BRIARWOOD (310729)

**Address:** 26420 89TH ST, SALEM, WI 53168

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/1999

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0094245      **End Date:** 02/25/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0093017      **End Date:** 07/07/2004      **Type:** ABBREVIATED      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008733    Served 07/29/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	02/21/2005	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	02/21/2005	Yes
83.12(5)(a)	SUPERVISION AND MONITORING	02/21/2005	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	02/21/2005	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	02/21/2005	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date: 07/28/2004      SOD #10008733      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---50.065(2)(bm)

FORFEITURE---83.12(5)(a)

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)(n)4

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**Complaint History**

**Date Complaint Received: 11/11/2004**

**Date Investigation Completed: 02/25/2005**

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

NOT RECORDED

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